



**CERTIFIED LIVESTOCK
PRODUCER PROGRAM
ADVISORY BOARD
NOMINATION FORM**

Deadline: June 7, 2007

Attn: Sara Davis
Indiana State Dept. of Agriculture
101 W. Ohio, Suite 1200
Indianapolis, Indiana 46204
Phone: (317) 232-8778
Fax: (317) 232-1362
Email: skdavis@isda.in.gov

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ County of Residence: _____

Area of Agriculture Expertise: _____

Years of Experience: _____

Involvement in Agriculture Organizations: _____

Involvement in Other Organizations: _____

PERSON SUBMITTING THE NOMINATION (may be same as nominee)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ County of Residence: _____

How do you know the nominee? _____

Years of acquaintance: _____

Signature of Applicant (above) _____ Date _____

Below please give a brief description as to why the nominee would be a good candidate for the Certified Livestock Producer Program Advisory Board. If preferred, you may attach a written statement.
